FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

OMB Number: Expires: July 31.2008 Estimated average burden hours per response.....16.00

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix Serial					
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) CLASS B OWNERSHIP OFFERING/RESCISSION/EXCHANGE OFFERING	Mall Processing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing:	aut. 282008
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Washington, DG
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	101
PINERY ENTERPRISES, LLC	3400
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
One Oakwood Park Prof. Center, #106, Castle Rock, Colorado 80104	(719) 475-2600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Holding company with wholly-owned subsidiaries which will operate wedding and special even owned by the subsidiary.	ents business on real property and facilities
Type of Business Organization	
	ease specify):
business trust limited partnership, to be formed Limited Liabil	ity Company
Month Year Actual or Estimated Date of Incorporation or Organization: 04 08 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	I IMBIGA MAINT IN IN METAL THIN AND A PRINT IN 18 AND A PRINT IN 1

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. B	ASIC IDENTIFICATION DATA							
2. Enter the information requested for the following:		, , , , , , , , , , , , , , , , , , , ,						
• Each promoter of the issuer, if the issuer has been or	• Each promoter of the issuer, if the issuer has been organized within the past five years;							
 Each beneficial owner having the power to vote or disp 	ose, or direct the vote or disposition	of, 10% or more of a clas	ss of equity securities of the issuer.					
 Each executive officer and director of corporate issue 	ers and of corporate general and ma	naging partners of partne	ership issuers; and					
 Each general and managing partner of partnership iss 	uers.							
Check Box(es) that Apply: Promoter Beneficial	1 Owner	Director 🔽	General and/or Managing Partner					
Full Name (Last name first, if individual) YELLEN, MITCHELL B.								
Business or Residence Address (Number and Street, City, Sta One Oakwood Park Prof. Center, #106, Castle Rock, C								
Check Box(es) that Apply: Promoter Beneficia	1 Owner	Director 🛮	General and/or Managing Partner					
Full Name (Last name first, if individual) YELLEN FAMILY PARTNERSHIP LLLP								
Business or Residence Address (Number and Street, City, Sta								
One Oakwood Park Prof. Center, #106, Castle Rock, C	olorado 80104							
Check Box(es) that Apply: Promoter Beneficia	1 Owner	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)							
Check Box(es) that Apply: Promoter Beneficia	1 Owner	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)	,							
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		<u> </u>					
Check Box(es) that Apply: Promoter Beneficia	1 Owner	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)							
Check Box(es) that Apply: Promoter Beneficia	l Owner	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)		• ,						
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)							
Check Box(es) that Apply: Promoter Beneficia	1 Owner	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		+					
(Use blank sheet, or cop	y and use additional copies of this s	heet, as necessary)						

	B. INFORMATION ABOUT OFFERING												
1.	,						Yes	No 🗷					
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?							\$_20,000.00					
•												Yes	No
3. 4.		_	permit join ion request		-						irectly, any	R	
7.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne cer or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state sons of such		
	l Name (lot Applica		first, if indi	ividual)	<u>-</u>	<u>- "</u>							
			Address (N	umber and	d Street, Ci	ity, State, Z	Lip Code)						
Nar	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		***************************************		••••••			☐ Al	l States
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	I Name (i	Last name	first, if indi	vidual)			•••	-					• • • •
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	me of Ass	sociated Br	oker or De	aler		•	<u> </u>			***			
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)				·····			All States	
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (I	Last name	first, if indi	vidual)									
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All States	s" or check	individual	States)		***************************************	•••••		•••••	•••••	☐ All	States
	IL IN IA KS KY LA ME MD MA MI MN I MT NE NV NH NJ NM NY NC ND OH OK (HI MS OR WY	ID MO PA PR				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ì.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity		· ·
	Common Preferred		
	Convertible Securities (including warrants)	8	S
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	, <u> </u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	10	\$ 3,200,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ 500.00
	Legal Fees		\$ 26,000.00
	Accounting Fees		\$ 2,000.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)	_	\$ 0.00
	Other Expenses (identify) Blue Sky filing fees		\$ 1,500.00
	Total		\$ 30,000.00

	C. OFFERING PRICE, NUME	ER OF INVESTORS, EXPENSES AND USE OF PR	ROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — oproceeds to the issuer."	ng price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		\$6,670,000.00
i.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross	•	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 45,000.00	\$
	Purchase of real estate] \$	\$
	Purchase, rental or leasing and installation of mach			
	Construction or leasing of plant buildings and faci	lities] \$	\$ 180,000.00
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asse issuer pursuant to a merger)	e of securities involved in this s or securities of another		
	Repayment of indebtedness			
	Working capital] \$	\$ 315,000.00
	Other (specify): Reserve/contingency fund] \$	175,000.00
] \$	
	Column Totals		\$ 745,000.00	\$5,925,000.0
	Total Payments Listed (column totals added)	_		370,000.00
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accr	ish to the U.S. Securities and Exchange Commiss	ion, upon writter	
SS	uer (Print or Type)	Signature	ate	
PΙ	NERY ENTERPRISES, LLC	A Children A	ugust /3 , 200	8
Va:	me of Signer (Print or Type)	Title of Signer (Print or Type)		
iito	chell B. Yellen	Manager /		

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